

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-029877

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED AUG 20 1962

Primary Registration District No.

3000

Registrar's No.

256

VS 300
Rev. 4/59

10017

209801

3

4 6

5 1

6

7 0

8 2

9 9121

10 3

11 098

12 2-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH
a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Luskville MO 2 hrs

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

K.O.H. Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE b. COUNTY

c. CITY OR TOWN

Missouri Schuyler

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Queen City

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

NELSON DEMOIS GESSER

4. DATE OF DEATH

Aug 10 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

8. DATE OF BIRTH

Oct 10 - 1893

9. AGE (last birthday)

68

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Queen City Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Marion B. Gesser

13b. MOTHER'S MAIDEN NAME

Rebecca Elizabeth Hart

14. NAME OF HUSBAND OR WIFE

Lulu Gesser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Lulu Gesser

Address

Queen City

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Traumatic Shock

INTERVAL BETWEEN ONSET AND DEATH

2 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Traumatic injury & crushing of Pelvis and both lower extremities

7 hrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Farmer Tractor overturned on him & crushed lower half of Body.

20c. TIME OF INJURY

Hour 2 p.m. 8-10-62

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Farm

20f. CITY, TOWN, OR LOCATION

Near Queen City

COUNTY

Missouri

STATE

21. I attended the deceased from 8:45 PM 8-10-62, to 10:50 PM 8-10-62, and last saw her him alive on 8-10-62

Death occurred at 10:50 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

James F. Cape R.O. for Ross B. Thompson R.O.

22b. ADDRESS

800 W. Jefferson, Kirksville, Mo.

22c. DATE SIGNED

8-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug 14 '62

23c. NAME OF CEMETERY OR CREMATORY

Queen City Cemetery

23d. LOCATION (City, town, or county)

Queen City

23e. STATE

Missouri

24. FUNERAL DIRECTOR

Dooley Funeral Home, Queen City

ADDRESS

25. DATE RECD. BY LOCAL REG.

Aug 13, 1962

26. REGISTRAR'S SIGNATURE

Doris W. Pettif

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 24 1962

JAMES F. Cripe, D.O.

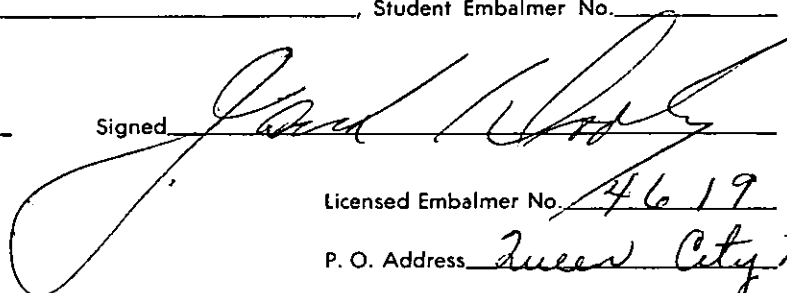
Permit renewed Aug. 11, 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4619

P. O. Address Queen City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.